

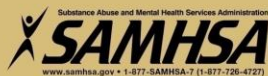


## Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



## Targeting Health Disparities with Culturally Informed Innovation

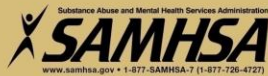
Casa Esperanza  
Southern California Health and Rehabilitation Program  
Southcentral Foundation

SAMHSA PBHCI National  
Grantee Meeting  
June 4- 7, 2017 • Austin, TX



# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



**United by a Commitment to Bilingual/  
Bicultural Care: Forging Partnership to  
Establish Integrated Primary and  
Behavioral Health Care Services to a  
Latinx Urban Population**



**Presenters:  
Jessica Sousa, Micaurys  
Guzman & Eleanor Zambrano**



# Acknowledgments



- Authors:**

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- Funding for *CasaCare* was provided by SAMHSA PBHCI Grant No. SM060845.
- We are grateful to *CasaCare* clients for making this research possible.



# Abbreviations



Abbreviations	Terms
IDDT	Integrated Dual-Diagnostic Treatment
MDT	Multi-Disciplinary Team
MAT	Medication-Assisted Treatment
PBHCI	Primary and Behavioral Health Integration Program
PCBH	Primary Care Behavioral Health
PCMH	Person-Centered Medical Home
SAMHSA	Substance Abuse and Mental Health Services Administration
SMI	Serious Mental Illness
SUD	Substance Use Disorder



## CasaCare Background



- Casa Esperanza, Boston's first bilingual/bicultural residential addiction treatment facility, was founded by Ricardo Quiroga in 1984 to address the addiction crisis impacting Latinxs
  - *Continuum of services – residential, outpatient & supportive housing*
  - *Relapse-responsive recovery home model*
- Boston Health Care for the Homeless Project (BHCHP), formed in 1985 to serve as a bridge between social and medical service providers, provides primary care services to homeless individuals
  - *Harm reduction and public health model*



## Learning Objectives



- Identify factors that contributed to successful progression from co-location of two agencies to establishment of an integrated bilingual/bicultural PCBH program.
- Describe the importance of a care continuum for SUD/SMI that is flexible and inclusive of both relapse responsive and harm reduction-oriented approaches.
- Identify the ways that a shared commitment to providing bicultural and bilingual care has helped to move the integration project forward.



## CasaCare Timeline



Casa Esperanza applies for SAMHSA PBHCI funding

**Year 2:**  
Integrated Clinic at Casa Esperanza main building, 3rd Floor

**Year 1:** Casa Esperanza case management services and BHCHP primary care services are co-located in a supportive housing building, walking distance from the main building



## CasaCare Services



- Bilingual/bicultural **IDDT** for treatment of co-occurring SMI/SUD by **MDT** providers:
  - **Intensive Case Management**
  - **Structured Outpatient Addiction Program**
  - **Person-centered care plans** to ensure client engagement
  - **Motivational Interviewing, Cognitive Behavioral Therapy, Relational-Cultural/ Multicultural Therapy, Peer-based Health & Recovery Program**
- MDT-facilitated integrated primary care and specialty medical services:
  - **MAT** with buprenorphine/naloxone (Suboxone) & naltrexone (Vivitrol)
  - On-site psychiatric consultation
  - Primary care, immunizations, health education, disease prevention
- Screening and Chronic Disease Management:
  - **HCV/HIV testing**; Trauma-informed women's health services
  - Medical & wellness services for diabetes, hypertension & tobacco cessation; including **Weight & Healthy Eating**, Nicotine Replacement Therapy, **Relapse Prevention Group, & Illness Management & Recovery**



## Methods



Qualitative data are presented from pre-/post- **CasaCare** team member interviews conducted in December 2015 (N=8) and October 2016 (N=8), respectively.

Quantitative data are from a population of 223 predominantly Latinx adults living in the Greater Boston area with co-occurring SMI/SUD enrolled in **CasaCare**.



## Population Description

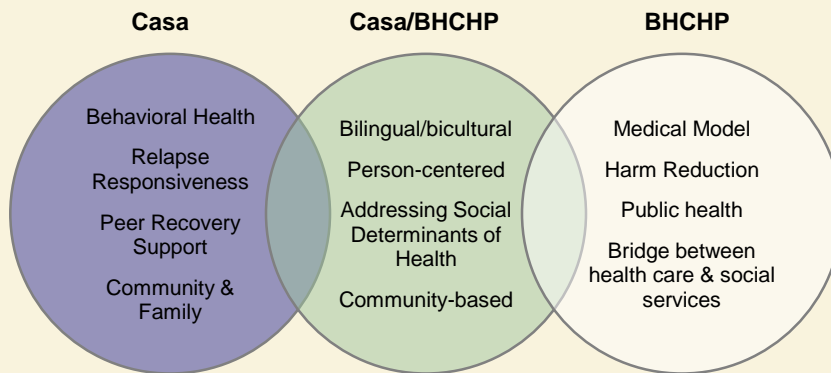
Univariate Statistics for CasaCare Participants at Intake (N=223)



Variables	Mean (SD) or Valid %
Age	39.2 (9.6)
Gender – Men	70.0%
Hispanic/Latinx	91.9%
Less than high school education	54.5%
Homeless	71.7%
<b>Lifetime history of:</b>	<b>Valid %</b>
Hepatitis C	48.0%
Injection drug use	49.5%
Incarceration	80.7%



# Integration Challenges



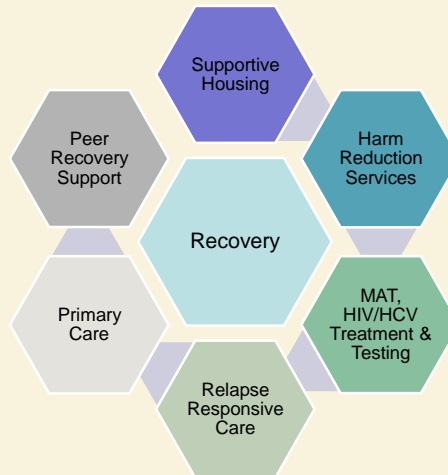
# Integration Process



- Casa and BHCHP took time for deliberative collaborative efforts to:
  - Establish organizational visions of recovery
  - Develop shared CasaCare policies
  - Define integrated care coordination roles
- Casa and BHCHP team members are:
  - Experienced, passionate and tireless
  - Supportive of one another
- Move from co-located clinic into fully-integrated space within the Casa Esperanza main building allowed for significant growth



# Integration of behavioral and primary care services



## CasaCare Integrated Care is Unique



- Designed for and by Latinxs
- Comprehensive bilingual, bicultural care
- Primary and specialty medical services were integrated into an existing behavioral health program<sup>1</sup>
- Casa and BHCHP had uniquely different treatment approaches prior to integration:
  - *Behavioral Health Services vs Primary/Specialty Medical Services*
  - *Recovery Home Model vs. Harm Reduction Model*

<sup>1</sup>Scharf, D. M., Eberhart, N. K., Schmitt, N., Vaughan, C. A., Dutta, T., Pincus, H. A., & Burnam, M. A. (2013). Integrating primary care into community behavioral health settings: programs and early implementation experiences. *Psychiatric Services*, 64(7), 660-665.





# CasaCare Lessons Learned



- Establish a shared mission and vision of integration
  - Define each organization's strengths, values and mission
  - Define what patient-centered care looks like operationally
- Recruit PBHCI team members who are
  - Sophisticated clinicians with expertise and experience
  - Committed to treating the target population
  - Representative of the cultural/linguistic identities of target population
- The shared mission is responsive to and respectful of client/patient identity, values and service needs
- Create a shared clinic space



## Conclusion



- Behavioral and primary care integration depends on organizational receptivity to change
- Integration compels us to be flexible
- SMI/SUD recovery looks different depending on
  - Organizational mission and values
  - Individual needs and goals
- CasaCare provides treatment choices that are bilingual/bicultural, at a place that feels like home.










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# Salt or Genetics?

## Understanding & Addressing Hypertension Among African Americans With SMI

**SAMHSA PBHCI National Grantee Meeting  
June 4- 7, 2017 • Austin, TX**

# About the Presenter



## Jack Barbour, M.D.

- CEO & Co-Founder  
Southern California Health & Rehabilitation Program  
Barbour & Floyd Medical Associates
- American Psychiatric Association - Distinguished Fellow
- Black Psychiatrists of America - Board of Directors
- Southern California Psychiatric Society - Regional Rep.
- Yale University
- New York University School of Medicine
- New York University Medical Center - Interned
- Cedars-Sinai Medical Center Los Angeles



# Focus

## Hypertension

*A health disparity with disproportionate impact on African Americans with SMI*

## Underlying causes

- *Environmental*
- *Genetic & Epigenetic*

## Effective response

*Designed to be effective*

- *Culturally competent*
- *Addresses underlying causes*
- *Population health approach*



# Hypertension & African Americans



American  
Heart  
Association®

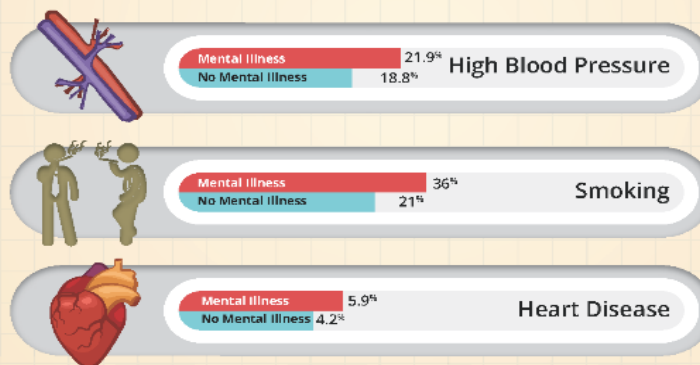
## A National Health Disparity

- Among highest prevalence in the world
- Develops earlier in life than in whites
- More severe than in whites
- “Silent Killer”



# SMI & Hypertension Risk

Co-occurrence between mental illness and other chronic health conditions:



"Can We Live Longer" Infographic  
<http://www.integration.samhsa.gov/>



## Underlying Causes?

***“Among individuals with SMI...African Americans compared to whites have significantly higher blood pressure, non-significantly higher weight and BMI.”***

- Keenan et al., (2013) Racial patterns of cardiovascular disease risk factors in serious mental illness and the overall U.S. population.  
*Schizophrenia Research*

### Determinants:

- Environmental Factors
- Genetics & Epigenetics



## Environmental Factors

Social and Economic Factors:  
Poverty, Homelessness & Discrimination



Poor Access to:  
Healthy Foods  
Recreation  
Medical Care



Hypertension & Chronic Illness



# Epigenetics

Study of potentially heritable changes in gene expression

Does not involve changes to the underlying DNA sequence  
— a change in **phenotype** without a change in **genotype**

Affects how cells read the genes

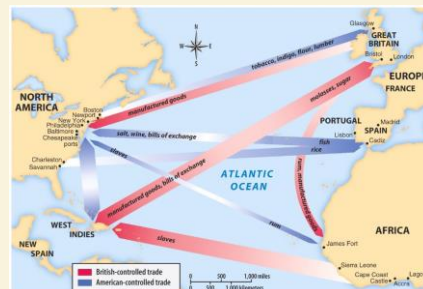
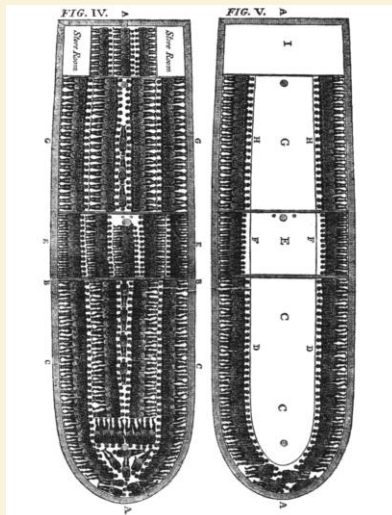
Regular and natural occurrence

Influenced by several factors

- Age
- Environment/lifestyle
- Disease state



## Epigenetics & Middle Passage



Did increased capacity to retain salt improve odds of survival?



## Data Confirms Disparity

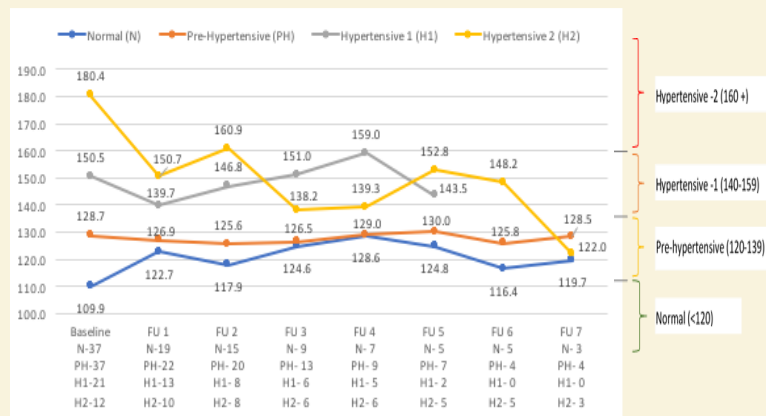


- PBHCI services launch January 2016
- African American Patient-Clients: 85%
- Cumulative baselines confirm higher risk for hypertension (n=91):
  - 30% hypertensive
  - 35% pre-hypertensive
  - 35 normal



## Population Health Approach

**Average  
Systolic  
BP By  
Baseline  
Category**



# Population Health Approach

SCHARP Total Population Health - Systolic  
As of 4/26/17

As of 3/29/17

Risk Level		Progress					
Stage 3: 140-159		Category F: Aug is three levels worse than initial risk					
Pre: 120-139		Category E: Aug is two levels worse than initial risk					
Normal: <120		Category D: Aug is one level worse than initial risk					
		Category C: Aug is the same level as initial risk					
		Category B: Aug is one level better than initial risk					
		Category A: Aug is two levels better than initial risk					
		Category G: Aug is three levels better than initial risk					
Initial Baseline Risk	Average Risk	Number of Visits	Progress	Last Visit	Last Measure	Client Name	
3/10/16 Stage 2	205	Stage 2	186	12	G - At Same Level	3/24/17	180
3/10/16 Stage 2	200	Stage 2	187	4	G - At Same Level	3/28/17	185
3/10/16 Stage 1	152	Stage 1	177	4	G - At Same Level	3/29/17	184
3/23/17 Stage 2	151	Stage 2	174	2	G - At Same Level	3/29/17	155
3/23/17 Stage 2	164	Stage 2	173	8	G - At Same Level	3/29/17	182
4/25/16 Stage 1	158	Stage 1	156	9	C - Improved 1 Level	3/27/17	147
1/4/16 Stage 2	185	Stage 1	144	9	C - Improved 1 Level	4/7/17	107
8/15/16 Stage 1	180	Stage 1	160	5	C - Improved 1 Level	3/1/17	157
7/24/16 Stage 1	166	Stage 1	154	3	C - Improved 1 Level	3/29/17	154
4/9/16 Stage 1	145	Stage 1	151	6	C - Improved 1 Level	4/9/17	157
1/27/16 Stage 2	174	Pre	138	11	B - Improved 2 Levels	4/25/17	155
5/16/16 Stage 1	147	Pre	139	8	B - Improved 2 Levels	1/24/17	150
9/15/16 Stage 1	143	Pre	131	9	B - Improved 2 Levels	2/5/17	133
4/18/16 Stage 1	158	Stage 1	155	5	G - At Same Level	9/9/16	162
10/8/15 Stage 1	158	Stage 1	154	8	G - At Same Level	3/24/17	148
6/24/14 Stage 1	157	Stage 1	152	2	G - At Same Level	3/29/17	146
12/9/16 Stage 1	156	Stage 1	158	3	G - At Same Level	3/24/17	166
8/25/16 Stage 1	155	Stage 1	155	2	G - At Same Level	10/26/16	159
9/20/15 Stage 1	155	Stage 1	148	5	G - At Same Level	1/27/17	137
4/19/16 Stage 1	154	Stage 1	158	7	G - At Same Level	1/28/17	150
3/11/16 Stage 1	153	Stage 1	150	8	G - At Same Level	1/5/17	175
9/25/16 Stage 1	151	Stage 1	144	2	G - At Same Level	4/7/17	117
8/11/16 Stage 1	150	Stage 1	150	1	G - At Same Level	8/11/16	150
11/20/16 Stage 1	150	Stage 1	150	1	G - At Same Level	11/20/16	150

Page 1 of 5

## Leverage registry & "Data warehouse" approach:

- Identify sub-populations
- Engage Health Navigators

Simmons	Chudnofsky	FSP
Woods	Nelson	AB109
Alvaraz	Okunogba	MTT
Miles	Hernandez	FSP
Bracewell	Nelson	AB109
Magar	Chudnofsky	FSP



# Culturally Competent Approach

% African American



## Behavioral Health Team

- Cultural Competence
- Interdisciplinary Huddles with primary care
- Addresses Environmental Factors:
  - Housing
  - Nutrition Wellness Groups





# Take-aways

## Hypertension

*A health disparity with disproportionate impact on African Americans with SMI*

## Underlying causes

- *Environmental*
- *Genetic & Epigenetic*

## Effective response

Designed to be effective

- *Culturally competent*
- *Addresses underlying causes*
- *Population health approach*



**Contact Information:**  
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# Indigenous LAUNCH Southcentral Foundation

**SAMHSA PBHCI National Grantee Meeting**  
**June 4- 7, 2017 • Austin, TX**



## Samantha Gunes

- Samantha is a tribal member of the Yupik village of Aniak, Alaska, where she was raised in a family of six girls. She has four children and still participates in a subsistence lifestyle
- Samantha has attended the University of Alaska, Anchorage
- Samantha has over 26 years of experience working with tribal organizations
- In 2013, Samantha received a "Living Our Values" award from Southcentral Foundation for contributing countless hours of teamwork to the success of the Access To Recovery Program.
- Samantha was previously the Project Director for the Access To Recovery III Program and is now a Behavioral Services Division Administrator and oversees the Quiana Club House, Rural Behavioral Health Services, Health Information Management and BSD Grants at Southcentral Foundation.



## Alex Orten, M.D.

- Board certified Psychiatrist
- University of Oklahoma, 1989
- Timberland Psychiatry Residency, 1993
- US Public Health Service 1993 -1997
- Private Practice, 2 years
- Southcentral Foundation, 16 years
- He also provides care to customer owners with a broad range of psychiatric illnesses through the outpatient behavioral health service on the campus of the Alaska Native Medical Center.
- He is married and has 2 boys. He enjoys hiking and skiing the Alaskan backcountry in his free time.



## Deborah Kvasnikoff

- University of Alaska, Fairbanks, with a Bachelor of Arts in Rural Development and Business Management.
- She has worked for many Alaska tribes for over 15 years including Tanana Chiefs Conference as a Director of Social Service 477 Programs-the second largest programs outside of health services.
- Manager at Southcentral Foundation for the past 6 years.
- Deborah enjoys her work and subsistence activities including hunting, fishing and berry picking.



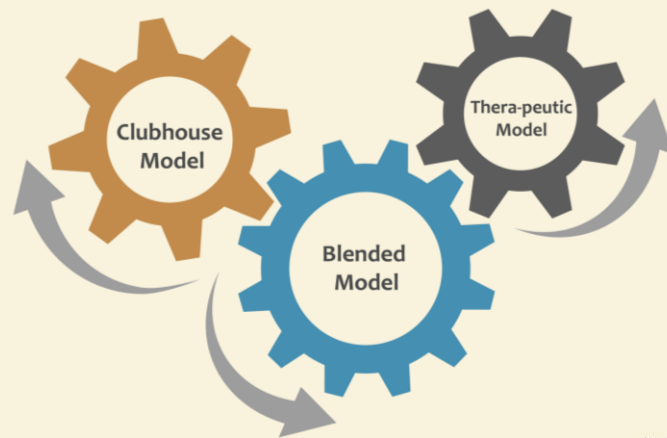
## Artwork from a Customer-Owner



## Quyana Clubhouse



## Exploring Models of Care



## Quyana Clubhouse

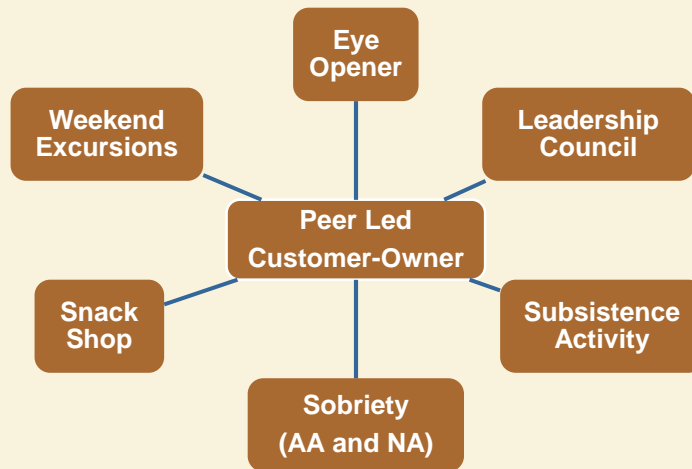


### Who We Serve

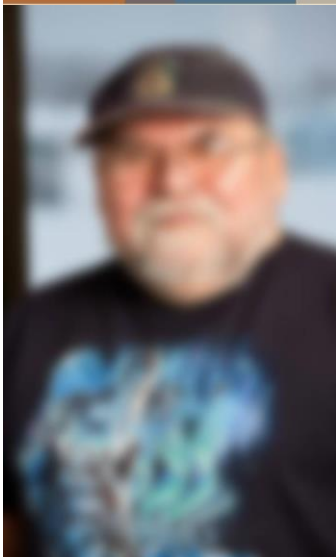
- 21+
- Seriously mentally ill
- Individuals experiencing homelessness and underserved
- Those living below the poverty line



# Clubhouse Programs



## Case Study-"Bob"



### Bob

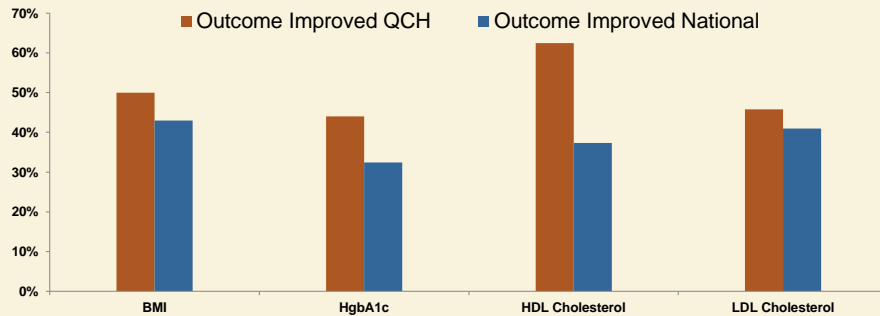
- 70-year-old Alaskan Native
- Involved with the Department of Corrections
  - *Described as a very dangerous person at the time of his first intake at Quiana Clubhouse*
- Bob's diagnosis
  - *Paranoid Schizophrenia upon intake in 2010*





# Chronic Condition Prevention and Management Improved

QCH beat the national grantee average for percent of customers with improved outcomes



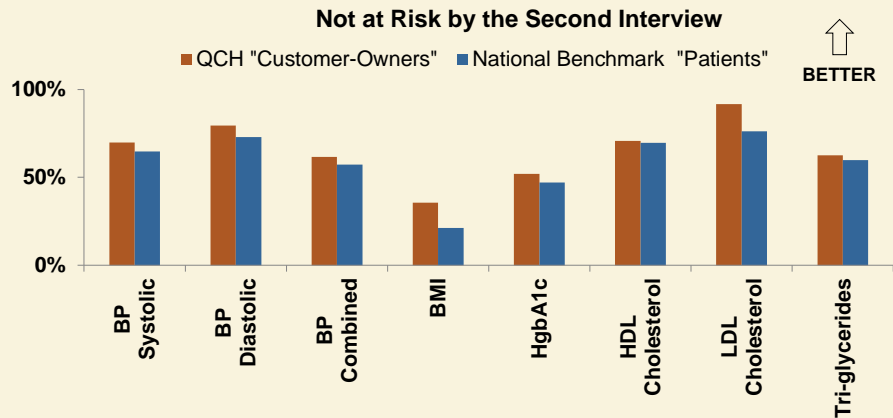
SOURCE: Nuka Institute MHB presentation presented 5/12/15



# Customer-Owners on a Hike



## Participants Reduced Their Risk for Chronic Conditions



SOURCE: Nuka Institute MHB presentation presented 5/12/15



## Customer-Owners in the Wellness Room



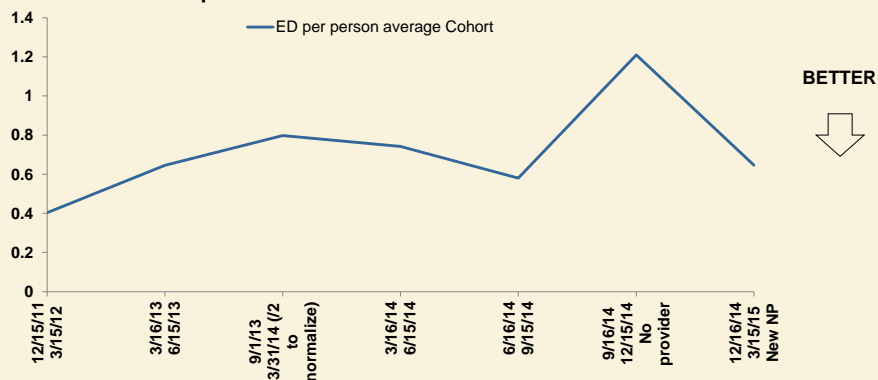


## Customer-Owners Skiing in Wellness Group



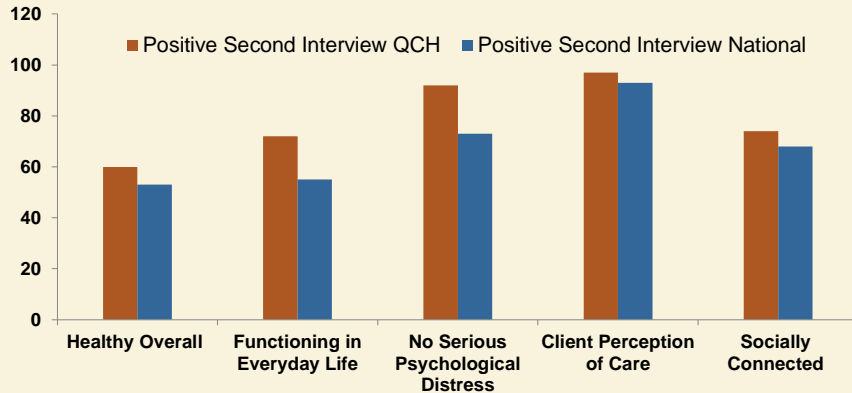
## Health Care Utilization

Per Person ED visit Spike When Provider Left and Reduced When New Provider Arrived



# Holistic Health Improved for Grant Participants

The Holistic Health of QCH Grant Participants Beat the National Average for all Grantees



## Come To a Training!

Training	Dates
Alaska Conference	June 19-23, 2017
Quality Management Courses	Aug. 28-Sept. 1, 2017
London and Liverpool Masterclasses	October 2 & 5, 2017
Oregon Conference	October 23-24, 2017

**Contact Us:** [www.scfnuka.com](http://www.scfnuka.com)

☎ 907-729-Nuka (6852) ✉ SCFEvent@scf.cc 🐦 @SCFNuka



# Questions?



# Thank You!

**Qa̕aasakung**  
*Aleut*

**Quyanaa**  
*Alutiiq*

**Quyanaq**  
*Inupiaq*

**Awa'ahdah**  
*Eyak*

**Mahsi'**  
*Gwich'in Athabaskan*

**Igamsiqanaghalek**  
*Siberian Yupik*

**Háw'aa**  
*Haida*


**Quyana**  
*Yup'ik*

**T'oyaxsm**  
*Tsimshian*



**Gunalchéesh**  
*Tlingit*

**Tsin'aen**  
*Ahtna Athabaskan*

**Chin'an**  
*Dena'ina Athabaskan*



Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
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